

Quick Guide

Guide to Completing National Registry Recertification Application

March 2024 Cycle



NREMT Recertification

This Quick Guide has been developed and approved by National Registry to assist Virginia providers who are certified with National Registry to complete their recertification application based on the National Continued Competency Program (NCCP).

Please follow this step-by-step guide when completing your National Registry recertification application. All answers highlighted in BOLD must be the response you provide to each question. Providers who do not maintain their Virginia CE report in alignment with their National Registry certification cycle will not be able to utilize this process.

Please remember to use the 'Recertify Me' option in your Virginia EMS portal after your National Registry has been recertified to maintain your CE report in alignment with your National Registry certification cycle.

Note: Recertification Cycle Start Date will be unique to each provider based on when National Registry issues your new certification. Hours accumulated after that start date can be utilized toward the next certification cycle.

Step 1: Summary Step-by-Step Guidance without Screenshots

1. Open your web browser and log into National Registry at <http://nremt.org>.
2. Log into your existing National Registry account and select '**My Certification**'.
 - a. Review the information contained on '**Certification Dashboard**'
 - b. Review and update your profile information, if necessary, by selecting '**Update Profile**'.
 - c. Review and manage your agency affiliations by selecting '**Manage Affiliations**'. You do have the option to affiliate with multiple agencies.
 - d. Your recertification cycle will be specific to you based on your recertification date. All courses used to recertify must fall between the dates listed on your recertification cycle.
3. Select '**Manage My Education**' to access the '**Manage Education for Recertification**' screen.
4. At the bottom of the page select '**Add a Course**'
 - a. Course Type – select '**Traditional Refresher Course**'
 - b. Completion Date – Will be the **date that you completed your NCCR (Category 1) required hours on your Virginia CE report.**
 - c. Name of Course – Select the level you are recertifying at: EMT Refresher/National Component Course, AEMT Refresher/National Component Course or NRP Refresher/National Component Course
 - d. Topic/Description: **Same as Name of Course**
 - e. Course Duration: **20 for EMT, 25 for AEMT, 30 for NRP**
 - f. Attachments (Optional): Nothing needs to be attached

- g. 'Did you teach this course?' **'No'** unless you were the instructor for all hours listed on your CE report.
 - h. 'Was an instructor present at this course?' **'Yes'**
 - i. Lead Instructor's Name: No name required, or you can enter **'Virginia Office of EMS'**.
 - j. Course Approved by: Select **State EMS Office**
 - k. State Office Approval: **Virginia**
 - l. 'Course Location'
 - i. Country - **'United States'**
 - ii. State - **'Virginia'**
 - iii. City - **'Glen Allen'**
 - m. 'Additional Course Information'
 - i. Sponsor – **'Virginia Office of EMS'**
5. Review course information and Click on **'Add Course to Transcript'**
- a. Under Course Added it will show the Refresher/National Component Course you entered
 - b. What's Next? Select **'Add Another Course'**
 - c. Under Course Type – select **'Continuing Education Course'**
 - d. Course Name - **'Virginia Approved LCCR Topics'**
 - e. Course Approved by - **'Virginia'**
 - f. Course Completion Date will be the **date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
 - g. Course Duration
 - i. **Paramedic - '15 Hours: 00 Minutes'**
 - ii. **AEMT - '12 Hours: 30 Minutes'**
 - iii. **EMT - '10 Hours: 00 Minutes'**
 - iv. **EMR – '4 Hours: 00 Minutes'**
 - h. 'Did you teach this course?' **'No'** unless you were the instructor for all hours listed on your CE report.
 - i. 'Was an instructor present at this course?' **'Yes'**
 - j. 'Course Location'
 - i. Country - **'United States'**
 - ii. State - **'Virginia'**
 - iii. City - **'Glen Allen'**
 - k. 'Additional Course Information'
 - i. Sponsor – **'Virginia Office of EMS'**
6. Click on **'Save & Add Another Course'**
- a. Under Course Type – select **'Continuing Education Course'**
 - b. Course Name - **'Virginia Approved ICCR Topics'**
 - c. Course Approved by - **'Virginia'**
 - d. Course Completion Date will be **the date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
 - e. Course Duration
 - i. **Paramedic - '15 Hours: 00 Minutes'**

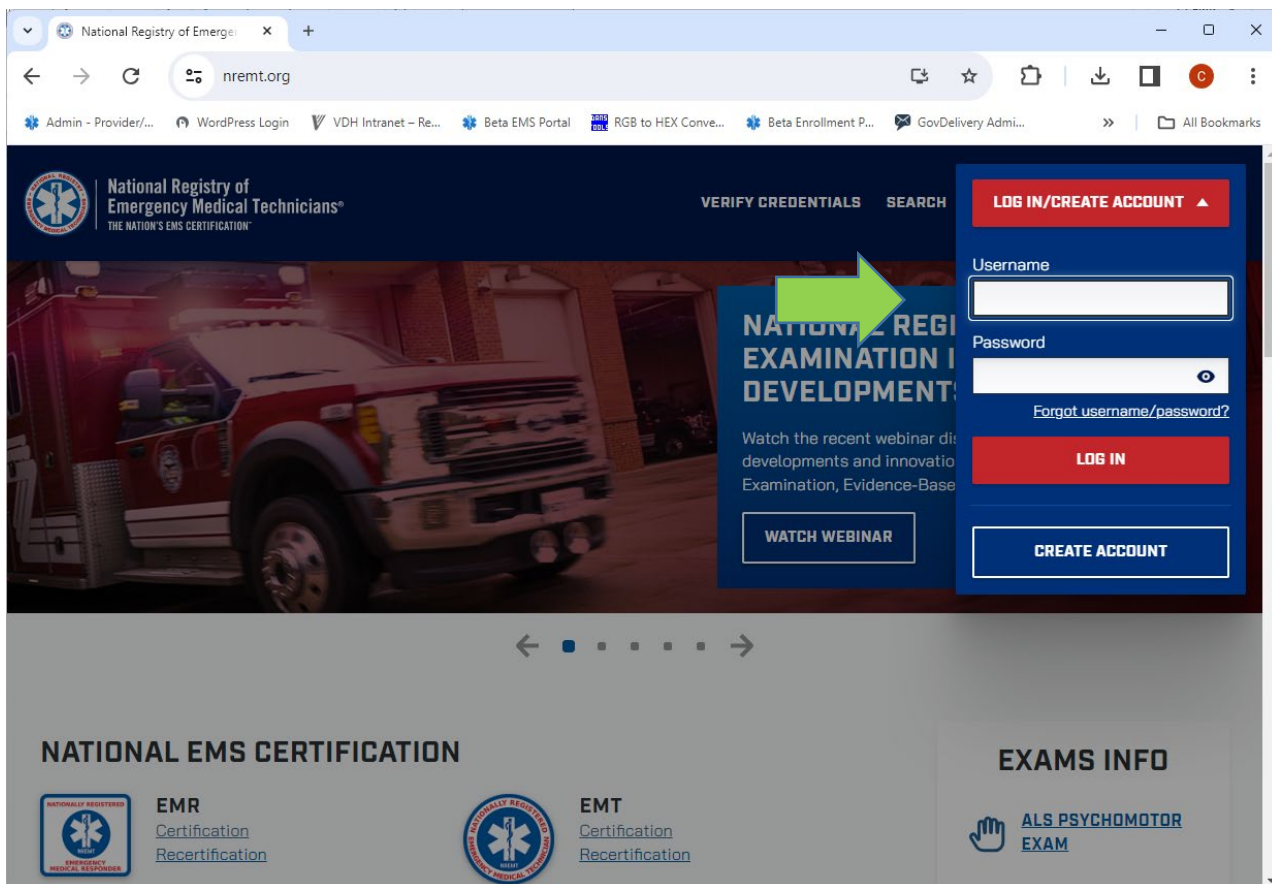
- ii. **AEMT - '12 Hours: 30 Minutes'**
 - iii. **EMT - '10 Hours: 00 Minutes'**
 - iv. **EMR – '4 Hours: 00 Minutes'**
- f. 'Did you teach this course?' **'No'** unless you were the instructor for all hours listed on your CE report.
- g. 'Was an instructor present at this course?' **'Yes'**
- h. **'Course Location'**
 - i. Country - **'United States'**
 - ii. State - **'Virginia'**
 - iii. City - **'Glen Allen'**
- i. **'Additional Course Information'**
 - i. Sponsor – **'Virginia Office of EMS'**
- 7. Click on **'Save & View Transcript'**
- 8. On **'My Professional Transcript'** you should now see the entries you made above with each reflecting **'Unassigned'** under **'Recert Topic Map'**
- 9. Click on **'Unassigned'** on the **'Refresher/National Component Course'**.
 - a. Click **'Assign'** on Airway/Respiration/Ventilation and the required hours will be assigned.
 - b. Click **'Assign'** on Cardiology and the required hours will be assigned.
 - c. Click **'Assign'** on Trauma and the required hours will be assigned.
 - d. Click **'Assign'** on Medical and the required hours will be assigned.
 - e. Click **'Assign'** on Operations and the required hours will be assigned.
- 10. Click on **'View Courses'**.
- 11. Click on **'Unassigned'** on the **'Virginia Approved LCCR Topcs'**
 - a. "Click **'Assign'** and the required hours will be assigned.
- 12. Click on **'View Courses'**.
- 13. Click on **'Unassigned'** on the **'Virginia Approved ICCR Topcs'**
 - a. "Click **'Assign'** and the required hours will be assigned.
- 14. Click on **'View Courses'**. You should now see that all hours are fully assigned.
- 15. On left hand side of the page click on **'Recert Application'**
- 16. On **'Profile and Workforce Information'**, click on **'START'**
- 17. **'Workforce Information'** – Complete the questionnaire. If you work for more than one agency, respond with the answers to the agency that you consider your primary agency. When all questions are answered, click **Finish**.
- 18. Select **Legal Pathway & Criminal Conviction** and respond accordingly
- 19. Select **'Terms of Certification'**, read each statement. You can click to approve each statement or at the bottom of the screen select **'Approve All'**
- 20. Select **'Payment'**, complete your payment method and click on **'Submit Payment'**. Payment will be submitted and your **'Payment Information'** summary will appear. Select **'Print Receipt'** if you desire.
- 21. Click on **'Back to Application'**.
- 22. Under **'Submission'** select **'Submit Application'**

23. You may be selected to complete a survey. If selected you can choose to participate, not participate or to be reminded later. If you select '**Remind Me Later**' you will be asked to provide an email address
24. Under your '**Recert Application**' you can review the status of your recertification application.
25. If you wish to change your status to '**Inactive**' you can do so on this screen.
26. Don't forget to recertify your Virginia certification to keep both in sync.
 - a. <http://www.vdh.virginia.gov/content/uploads/sites/23/2019/04/Quick-Guide-How-to-Recertify-On-Demand-Locked-for-web.pdf>

NOTE: As you move through the instructions below, some screenshots may look slightly different as National Registry changes their website.

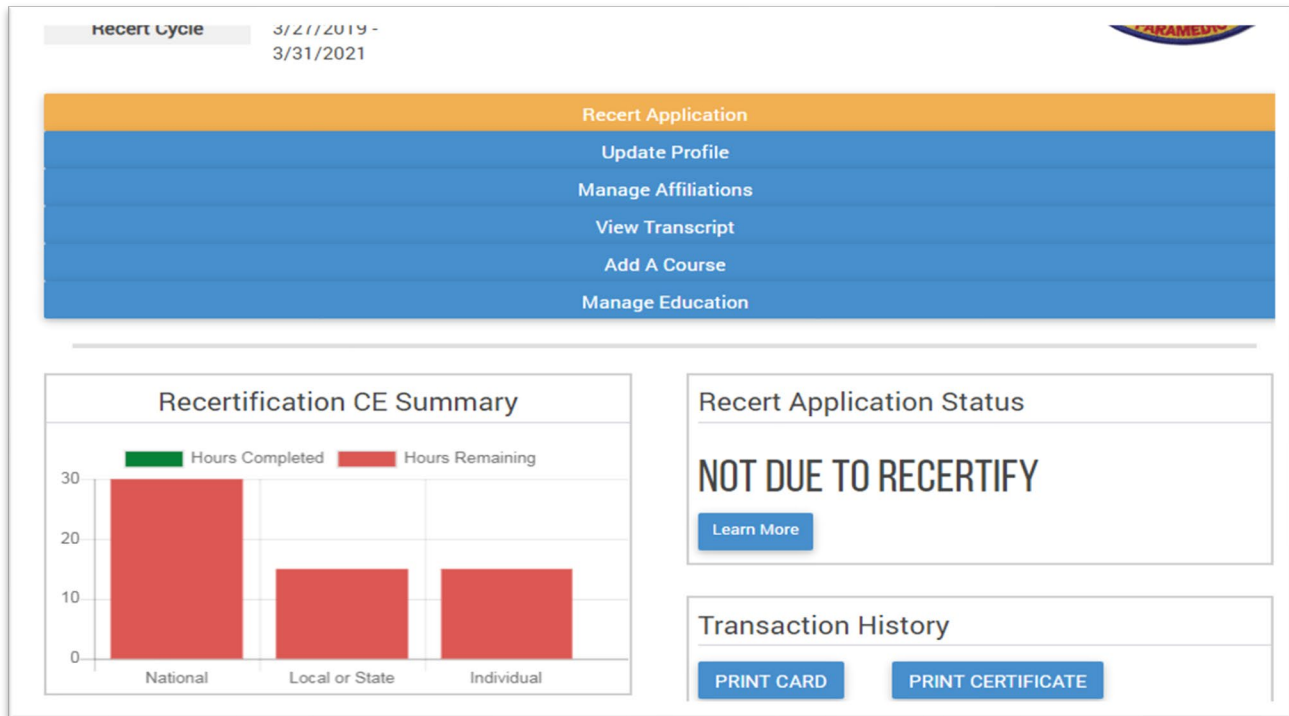
Step 2: Accessing the National Registry Website

1. Open your web browser and log into National Registry at <http://www.nremt.org>.



Step 3: Accessing Recertification Application

1. Log into your existing National Registry account and my current role will be '**My Certification**'.
 - 1) Review the information contained on '**Dashboard**'
 - a. Review and update your profile information if necessary by selecting '**Update Profile**'.
 - b. Review and manage your agency affiliations by selecting '**Manage Affiliations**'. You do have the option to affiliate with multiple agencies.
 - c. Your recertification cycle is become 'unique' to you based on your recertification date.



SCROLL

A large red arrow pointing downwards, indicating the user should scroll down the page.

2. Select **'Manage My Education'** to access the **'Manage Education for Recertification'** screen.

Manage Education For Recertification [View Instructions](#)

RECERTIFICATION DETAILS

Level	AEMT
Recert Cycle	03/31/2024
Current Recert Model	NCCP 2016 (Simplified) NCCP 2016 V4 - Standardized Course Guide

Recertification Progress: Courses Assigned

40% Complete

NATIONAL COMPONENT

> Airway/Respiration/Ventilation	0/2.5 CREDITS ASSIGNED
> Cardiovascular	0/7 CREDITS ASSIGNED
> Trauma	0/3 CREDITS ASSIGNED
> Medical	1/7.5 CREDITS ASSIGNED
> Operations	0/5 CREDITS ASSIGNED

When applying education to the certification application for recertification, all education must be within the individual's scope of practice.

LOCAL OR STATE COMPONENT

> Local Or State Topic	6.5/12.5 CREDITS ASSIGNED
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INDIVIDUAL COMPONENT

> Individual Topic	12.5/12.5 CREDITS ASSIGNED
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College Courses must be directly related to the knowledge, skill, or abilities in providing clinical patient care in the field of emergency medical services.

[Return to Dashboard](#) [Add a Course](#)

Step 4: Adding Courses (NCCR/LCCR/ICCR)

1. Select **'Add a Course'**
 - a. Under Course Type – select **'Refresher Course/National Component Course'**
 - b. Course Name - **'Level you are recertifying (EMR, EMT, AEMT, NRP – National Component Course'**
 - c. Course Approved by State EMS Office - **'Virginia'**
 - d. Course Completion Date will be the **date that you completed your NCCR (Category 1) required hours on your Virginia CE report**
 - e. Course Duration
 - i. **Paramedic - '30 Hours: 00 Minutes'**
 - ii. **AEMT - '25 Hours: 00 Minutes'**
 - iii. **EMT - '20 Hours: 00 Minutes'**
 - iv. **EMR – '8 Hours: 00 Minutes'**
 - f. 'Did you teach this course?' **'No'** unless you were the instructor for all hours listed on your CE report.
 - g. 'Was an instructor present at this course?' **'Yes'**
 - h. 'Course Location'
 - i. Country - **'United States'**
 - ii. State - **'Virginia'**
 - iii. City - **'Glen Allen'**
 - i. 'Additional Course Information'

- i. Sponsor – **‘Virginia Office of EMS’**

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type
Refresher Course/National Component Course [LEARN ABOUT STANDARDIZED COURSES](#)

Course Name
NRP Refresher/National Component Course **Select the level of your certification**

Course Approved By
☒ State EMS Office ☐ CAPCE ☐ Other
Virginia

Course Completion Date
10/18/2019

Course Duration
30 Hours : 00 Minutes **Number of hours based on certification level**

Did you teach this course?
☐ Yes ☒ No

2. At bottom of page, click on **‘Save & Add Another Course’**
- Under Course Type – select **‘Continuing Education Course’**
 - Course Name - **‘Virginia Approved LCCR Topics’**
 - Course Approved by - **‘Virginia’**
 - Course Completion Date will be the **date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
 - Course Duration
 - Paramedic - ‘15 Hours: 00 Minutes’**
 - AEMT - ‘12 Hours: 30 Minutes’**
 - EMT - ‘10 Hours: 00 Minutes’**
 - EMR – ‘4 Hours: 00 Minutes’**
 - ‘Did you teach this course?’ **‘No’** unless you were the instructor for all hours listed on your CE report.
 - ‘Was an instructor present at this course?’ **‘Yes’**
 - ‘Course Location’
 - Country - **‘United States’**
 - State - **‘Virginia’**
 - City - **‘Glen Allen’**
 - ‘Additional Course Information’
 - Sponsor – **‘Virginia Office of EMS’**

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type

Continuing Education Course

LEARN ABOUT STANDARDIZED COURSES

Course Name

Virginia Approved LCCR Topics

Course Approved By

☒ State EMS Office ☐ CAPCE ☐ Other

Virginia

Course Completion Date

10/18/2019

Course Duration

15 Hours: 00 Minutes

Number of hours based on certification level

Did you teach this course?

☐ Yes ☒ No

3. At bottom of page click on **'Save and Add Another Course'**
 - a. Under Course Type – select **'Continuing Education Course'**
 - b. Course Name - **'Virginia Approved ICCR Topics'**
 - c. Course Approved by - **'Virginia'**
 - d. Course Completion Date will be **the date that you completed your LCCR/ICCR (Category 2) hours on your Virginia CE report**
 - e. Course Duration
 - i. Paramedic - '15 Hours: 00 Minutes'
 - ii. AEMT - '12 Hours: 30 Minutes'
 - iii. EMT - '10 Hours: 00 Minutes'
 - iv. EMR – '4 Hours: 00 Minutes'
 - f. 'Did you teach this course?' **'No'** unless you were the instructor for all hours listed on your CE report.
 - g. 'Was an instructor present at this course?' **'Yes'**
 - h. **'Course Location'**
 - i. Country - **'United States'**
 - ii. State - **'Virginia'**
 - iii. City - **'Glen Allen'**

- i. 'Additional Course Information'
- i. Sponsor – **Virginia Office of EMS**

ADD A NEW COURSE

Use the form below to add a course to your Professional Transcript.

After saving the basic course information, you can add additional course details and upload PDF documents or photos of your certificates.

COURSE DETAILS

Course Type

Continuing Education Course

LEARN ABOUT STANDARDIZED COURSES

Course Name

Virginia Approved ICCR Topics

Course Approved By

☒ State EMS Office ☐ CAPCE ☐ Other

Virginia

Course Completion Date

10/18/2019

Course Duration

15

 Hours :

00

 Minutes

Did you teach this course?

☐ Yes ☒ No

4. Click on '**Save & View Transcript**'



Step 5: Assigning NCCR, LCCR and ICCR Hours

1. On **'My Professional Transcript'** you should now see the following entries with all courses 'Unassigned'

MY PROFESSIONAL TRANSCRIPT

Easily record all of your Continuing Education and training here in your Professional EMS Transcript.

Never lose your course certificates or records again! After you add a course to your transcript, you can upload PDFs or images of the course certificates, cards, or other important records. When it's time for you to renew your National Registry status, click on the Course Name to quickly allocate the course to your Recertification Application.

Don't just upload the courses required to maintain your National Registry status, we encourage you to use this to track and store all of your professional continuing education. Imagine five or ten years from now having the ability to access your complete CE record!

Add A New Course To My TranscriptImport CAPCE Courses

Date Completed Filter:

CopyPrintPDFExcelCSV

Search:

Date	Course Name	Duration	Attachments	Source	Location	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Unassigned
10/18/2019	Virginia Approved LCCR Topics	15h 0m		Manual	Glen Allen, Virginia	Unassigned
10/18/2019	Virginia Approved ICCR Topics	15h 0m		Manual	Glen Allen, Virginia	Unassigned

2. Click on **'Unassigned'** on the **'Refresher/National Component Course'**

Date	Course Name	Duration	Attachments	Source	Location	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Unassigned

- Click on **'Assign'** beside each of the five topic areas and the appropriate number of hours will be assigned and the box will turn green.

COURSE NAME: NRP REFRESHER/NATIONAL COMPONENT COURSE

Current Recert Model: NCCP 2016

Course Hours Not Assigned: **30**

National Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input type="checkbox"/> Airway/Respiration/Ventilation ⓘ	3.5 ASSIGN	0	3.5
<input type="checkbox"/> Cardiovascular ⓘ	8.5 ASSIGN	0	8.5
<input type="checkbox"/> Trauma ⓘ	3 ASSIGN	0	3
<input type="checkbox"/> Medical ⓘ	8.5 ASSIGN	0	8.5
<input type="checkbox"/> Operations ⓘ	6.5 ASSIGN	0	6.5

COURSE NAME: NRP REFRESHER/NATIONAL COMPONENT COURSE

Current Recert Model: NCCP 2016

Course Hours Not Assigned: **0**

National Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input checked="" type="checkbox"/> Airway/Respiration/Ventilation ⓘ	3.5 Edit REMOVE	3.5	3.5
<input checked="" type="checkbox"/> Cardiovascular ⓘ	8.5 Edit REMOVE	8.5	8.5
<input checked="" type="checkbox"/> Trauma ⓘ	3 Edit REMOVE	3	3
<input checked="" type="checkbox"/> Medical ⓘ	8.5 Edit REMOVE	8.5	8.5
<input checked="" type="checkbox"/> Operations ⓘ	6.5 Edit REMOVE	6.5	6.5

- Click on **'View Courses'** at bottom of page
- Click on **'Unassigned'** on the **'Local or State Component'**
-

10/18/2019	Virginia Approved LCCR Topics	15h 0m	Manual	Glen Allen, Virginia	Unassigned
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7. Click on '**Assign**' and the hours will be applied and the box will turn green.

Local or State Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input type="checkbox"/> Local or State Topic	15 ASSIGN	0	15

Local or State Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input checked="" type="checkbox"/> Local or State Topic	15 Edit REMOVE	15	15

8. Click on '**View Courses**' at the bottom of page.

9. Click on '**Unassigned**' on the '**Individual Component**'

10/18/2019	Virginia Approved ICCR Topics	15h 0m	Manual	Glen Allen	Unassigned
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10. Click on '**Assign**' and the hours will be applied and the box will turn green.

Individual Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input type="checkbox"/> Individual Topic	15 ASSIGN	0	15

Individual Component

Topics	Current Course Hours	Total Hours Assigned	Hours Required
<input checked="" type="checkbox"/> Individual Topic	15 Edit REMOVE	15	15

SCROLL



11. Click on **'View Courses'**. All hours will not be assigned.

Copy

Print

PDF

Excel

CSV

Search:


Date	Course Name	Duration	Attachments	Source	Location	Recert Topic Map
10/18/2019	NRP Refresher/National Component Course	30h 0m		Manual	Glen Allen, Virginia	Fully Assigned
10/18/2019	Virginia Approved LCCR Topics	15h 0m		Manual	Glen Allen, Virginia	Fully Assigned
10/18/2019	Virginia Approved ICCR Topics	15h 0m		Manual	Glen Allen, Virginia	Fully Assigned

Step 6: Submitting Recertification Application

1. On left hand side of the page click on **'Recert Application'**
2. On **'Profile and Workforce Information'**, click on **'START'**


RECERT APPLICATION
 RECERT BY EXAM APPLICATION
 RECERT BY EXAM RESULTS
 VIEW TRANSACTION HISTORY

Certification Level **EMI** Expiration Date **3/31/2018**



Continuing Education Start

To meet the recertification requirements, use this form to document your Continuing Education. Once your Continuing Education is documented, the remainder of the process is quick! *Remember, in accordance with our policies and accreditation requirements, the NREMT conducts random audits.*



Profile and Workforce Information Start

Verify your contact information is correct, and then help us gain a better understanding of the EMS workforce by by answering a few questions about your professional experience.

SCROLL



3. Complete your **Demographics** information and click 'Next'

Test Candidate

EMT

5555555

Exp Date: March 31, 2018

My Current Role

My Certification

DASHBOARD

TRANSCRIPT

ADD A COURSE

MANAGE MY EDUCATION

RECERT APPLICATION

RECERT BY EXAM APPLICATION

RECERT BY EXAM RESULTS

VIEW TRANSACTION HISTORY

QUESTIONNAIRE

1 Demographics

2 Workforce Information

Demographics

Please verify that the following information is accurate. If any information is incomplete or needs updated, please provide the most up to date information.

Personal and Demographic Information

Email

anyone@nremt.org

Initial Year of State EMS Licensure

1900

Highest Level of Education Completed

Master's Degree

Sex

Male

Ethnicity

☐ Hispanic/Latino

Race

☐ American Indian or Alaskan Native

☒ Asian

☐ Black

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Prefer not to Answer

Contact Information

Address

6610 Busch Blvd

City

Columbus

Country

United States

State

Ohio

Zip

43229

NEXT

SCROLL



Step 6: Submitting Recertification Application

4. **'Workforce Information'** – Complete the questionnaire. If you work for more than one agency, respond with the answers to the agency that you consider your primary agency. When all questions are answered, click **Finish**.

Test Candidate

EMT

5555555

Exp Date: March 31, 2018

My Current Role

My Certification

DASHBOARD

TRANSCRIPT

ADD A COURSE

MANAGE MY EDUCATION

RECERT APPLICATION

RECERT BY EXAM APPLICATION

RECERT BY EXAM RESULTS

VIEW TRANSACTION HISTORY

QUESTIONNAIRE

1 Demographics

2 Workforce Information

Workforce Information

The following information is necessary to provide the best possible service to you and our profession. These questions help us understand the needs of the EMS community and the workforce capability in times of need.

Note: If you work for more than one EMS agency, answer about the agency for which you do most of your EMS work.

For how many different agencies, services or organizations do you currently perform EMS work?

☐ 0

☐ 1

☐ 2 or more

At your main EMS job, during a typical week, do you function as a patient care provider?

☐ Yes

☐ No

Which of the following best describes your primary role at your main EMS job?

☐ Patient Care Provider

☐ Educator

☐ Preceptor

☐ Dispatcher/Call Taker

☐ Administrator/Manager

☐ First-line Supervisor

☐ Other - A person whose primary EMS role at their main job is not listed above (please specify).

If Other Please Specify

Which of the following best describes your main EMS agency?

☐ Hospital

☐ Fire Department

☐ Tribal

☐ Military

☐ Government, Non-Fire Department

☐ Private

☐ Air Medical

☐ Other Please specify:

If Other Please Specify

Step 6: Submitting Recertification Application (cont)

Which of the following best describes the primary type of service provided by your main EMS agency? *If more than one type of service is provided, pick the service with the greatest number of calls in the past 12 months.*

- ☐ Primarily 911 response with or without transport capability
- ☐ Primarily medical transport (convalescent)
- ☐ Equal mix of 911 and medical transport (convalescent)
- ☐ Clinical services
- ☐ Mobile Integrated Healthcare & Community Paramedicine
- ☐ Other - Please specify:

If Other Please Specify

Volunteers are licensed EMS workers who receive nominal or no compensation for their provision of EMS services at the agency. **At your main EMS job, are you a volunteer EMS provider?**

- ☐ Yes
- ☐ No

At any of your other EMS jobs, are you a volunteer EMS provider?

- ☐ Yes
- ☐ No

Which of the following best describes your employment status at your main EMS job?

- ☐ Full-time
- ☐ Part-time

How long have you been employed or volunteered at your main EMS job?

- ☐ Less than one year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5-7 years
- ☐ 8-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21 or more years

Which of the following best describes the community in which you do most of your EMS work?

- ☐ Rural area (less than 2,500 people)
- ☐ Small town (2,500 - 24,999 people)
- ☐ Medium town (25,000 - 74,999 people)
- ☐ Large town (75,000 - 149,999 people)
- ☐ Mid-sized city (150,000 - 499,999 people)
- ☐ Suburb/fringe of a mid-sized city
- ☐ Large city (500,000 or more people)
- ☐ Suburb/fringe of a large city

Thank you for participating in the survey. Please click the **Finish** button to return to your application

Step 6: Submitting Recertification Application (cont)

5. Select **Legal Pathway & Criminal Conviction** and respond accordingly

The screenshot shows the NREMT portal interface. On the left is a sidebar with navigation links: MY DASHBOARD, HOME, MY CERTIFICATION, THE NREMT, EMS CERTIFICATION, RECERTIFICATION, EDUCATION, STORE, RESOURCES, and CONTACT US. The main header area includes 'Test Candidate' and 'My Current Role' dropdowns. The title 'CRIMINAL CONVICTION HISTORY' is prominently displayed. Below the title, a progress bar shows '1 Criminal Convictions and License Discipline Disclosures' as the active step, followed by '2 Statement'. The main content area is titled 'Criminal Convictions and License Discipline Disclosures' and contains four checkboxes with corresponding text: 'I was convicted of a felony', 'I was convicted of a misdemeanor', 'I was subject to Uniform Code of Military Justice (UCMJ) action', and 'A state or jurisdiction took disciplinary action against my EMS or other medical profession license or privilege to practice'. A fifth option, 'None of the above apply', is also present. A red 'NEXT' button is located at the bottom right of the form area.

- a) If your response is '**NO**' you will see the following screen. Read and click '**Agree & Submit**'.

This screenshot shows the second step of the NREMT portal, titled 'Criminal Conviction History'. The user is identified as 'Warren W. Short Jr'. The progress bar now highlights '2 Statement' as the active step, while '1 Criminal Convictions and License Discipline Disclosures' is in the background. The main content area is titled 'Statement' and contains a paragraph of text: 'You have indicated that you have **NOT** been convicted of a felony or a misdemeanor; you have **NOT** been subject to UCMJ action, or had disciplinary action taken on an EMS or other medical profession license or privilege to practice.' At the bottom of the form, there are two red buttons: 'PREV' on the left and 'AGREE & SUBMIT' on the right.

- b) If your response is '**YES**' you will need to provide all documentation requested to National Registry.

Step 6: Submitting Recertification Application (cont)

6. Select '**Terms of Certification**', read each statement. You can click to approve each statement or at the bottom of the screen select '**Approve All**'

Test Candidate
EMT
E5555555
Exp Date: March 31, 2018

My Current Role
My Certification

RECERTIFICATION APPLICATION ATTESTATION STATEMENTS

I, **Test Candidate**, hereby affirm and declare that the above information on the application is true and correct. I understand and agree that I may be disqualified from NREMT recertification or my NREMT certification may be revoked in the event that any of the statements made by me on this application or any information submitted by me are false or if I have failed to provide material information.

Click to approve

I understand that recertification is an individual's responsibility. I affirm that I am responsible for checking the status of my recertification application and following up with my agency if necessary.

Click to approve

I understand that this application for renewal of my EMS certification may be selected for audit at any time during my recertification cycle, including after I receive my renewed NREMT certification.

Click to approve

I understand that email, USPS mail, and the message center in my NREMT account are the primary sources of communication from NREMT, and it is my responsibility to keep my contact information up to date in my NREMT profile. I may receive communication from any or all of these sources regarding audits.

Click to approve

I understand that, if selected for audit, within 30 days I must submit documentation that adequately and accurately reflect the EMS education submitted on the recertification application, including but not limited to: course titles, course dates, hours of education, etc.

Click to approve

You have attested that you fulfilled the **NCCCP** model requirements, and you will retain supporting documentation of your education for three years. If audited, you will provide the NREMT documentation of your **NCCCP** model education.

Click to approve

[Back To Application](#)

Approve All

7. Select '**Payment**', complete your payment method and click on '**Submit Payment**'. Payment will be submitted and your '**Payment Information**'. Select '**Print Receipt**' if you desire.
8. Click on '**Back to Application**'.

Recertification Application

My Current Role
My Certification

Payment Information

Your payment has been submitted successfully.


Payment Amount	\$20
Payment Type	Credit Card
Payment Date	2017-10-04

[Back To Application](#)

Print Receipt

Step 7: Submitting Your Application

1. Under '**Submission**' select '**Submit Application**'



Submission

Once all steps are completed. Please submit your application

Submit Application

2. You may be selected to complete a survey. If selected you can choose to participate, not participate or to be reminded later. If you select '**Remind Me Later**' you will be asked to provide an email address

The National Registry of EMTs (NREMT) is conducting a survey of EMS professionals. The results of this survey will help us better understand EMS workforce issues and the status of our profession.

You have been selected to provide your valuable input as an EMS professional. Your help is entirely voluntary. Your recertification application will not be affected by your participation in this survey, and this is not a part of your recertification application. Your recertification application has already been submitted. The NREMT does not mandate or require participation in this project, and there are no penalties associated with not participating or discontinuing participation at any time.

There are no foreseeable risks in participation in this survey. Completion of the survey should take about 5-10 minutes. Your responses will be kept confidential. You may refuse to answer any question by selecting "Next" to move to the next question. Additionally, you can quit the survey at any time.

Your privacy is important to us, and your responses will be kept absolutely confidential. Only data summarizing groups of participants will be reported. If you have any questions, or want to obtain more information about this very important project, please contact the NREMT Research Department at 614-888-4484 or via email at research@nremt.org. If you have concerns or questions about your rights as a participant, you can contact the Chair of AIR's Institutional Review Board (which is responsible for the protection of study participants) at IRBChair@air.org or toll-free at 1-800-634-0797.

The time you spend answering this questionnaire can have a real impact on our profession.

By clicking the option below you are consenting to participate in this study. Optionally, you may request to be reminded and complete the survey at another time.

Once again thank you for your help!

Respectfully,
The NREMT Research Team

Your participation is important to us. Please select a choice below.

☐ I consent to participate

☒ Please remind me later

☐ I do not wish to participate

Next

We will send you a personalized link to complete the survey at a later time. Please enter your email address below.

Back Submit

Thank you for expressing interest in this survey. Your response and participation is very important to us. You have been emailed a personalized link to return to the survey again.

If you have any questions, or want to obtain more information about this very important project, please contact the NREMT Research Department at 614-888-4484 or via email at research@nremt.org.

Step 8: Status of Application

1. Under your **'Recert Application'** you can review the status. If you wish to change your status to **'Inactive'** you can do so on this screen.
2. Don't forget to recertify your Virginia certification to keep both in sync.
 - a. <http://www.vdh.virginia.gov/content/uploads/sites/23/2019/04/Quick-Guide-How-to-Recertify-On-Demand-Locked-for-web.pdf>

The screenshot displays a web interface for managing recertification applications. On the left is a sidebar with navigation links: ADD A COURSE, MANAGE MY EDUCATION, **RECERT APPLICATION** (highlighted in red), RECERT BY EXAM APPLICATION, RECERT BY EXAM RESULTS, and VIEW TRANSACTION HISTORY. The main content area is divided into three sections, each with a document icon and a status indicator.

Pending Training Officer Review

PENDING REVIEW

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Training Officer. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018 and you meet all other recertification requirements, you will be recertified with an 'inactive status'.

You may also choose to be recertified with 'inactive' status by selecting the Become inactive button.

BECOME INACTIVE

Pending Medical Director Review

PENDING REVIEW

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Medical Director. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018, and you meet all other recertification requirements, you will be recertified with an 'inactive status'.

You may also choose to be recertified with 'inactive' status by selecting the Become inactive button.

BECOME INACTIVE

Pending NREMT Review

PENDING REVIEW

According to our records you are affiliated with one or more agencies. Your recertification application is pending review and approval of local content and skills from an authorized Training Officer or Medical Director. Once your application is approved, it will be automatically submitted to the NREMT.

If your agency does not review and approve this application prior to 3/31/2018, and you meet all other recertification requirements, you will be recertified with an 'inactive status'.